



APPENDIX C

VERIFICATION OF PENSION, ANNUITIES, AND EMPLOYER DISABILITY BENEFITS (SHORT-TERM/LONG-TERM)

**COMMUNITY SERVICES
DEPARTMENT COMMUNITY
ASSISTANCE DIVISION
534 WEST LAKE MARY
BLVD. SANFORD, FL 32773-7400**



AUTHORIZATION: Federal Regulations require us to verify Pension and Annuities Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

YOUR PROMPT RETURN OF THE REQUESTED INFORMATION WILL BE APPRECIATED. A SELF-ADDRESSED RETURN ENVELOPE IS ENCLOSED.

Current monthly gross amount of pension, annuity, or disability \$ _____

Deductions from gross for medical insurance premiums \$ _____

Date of initial aware _____

Effective date of current amount _____

Contributions to company retirement/pension fund \$ _____

Amount received in a lump sum \$ _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____ or
Authorized Representative

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.